

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number
10/52216

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---|--|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 15 minus 20 = | * |
| INDEPENDENT CLAIMS | 1 minus 3 = | * |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

| SMALL ENTITY TYPE | OR | OTHER-THAN SMALL ENTITY |
|-------------------|-----|-------------------------|
| RATE | Fee | RATE |
| BASIC FEE | | BASIC FEE |
| EXAM. FEE | | 200 |
| SEARCH FEE | | 400 |
| X \$ 125 = | | X \$ 250 = |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| + \$ 180 = | | + \$ 360 = |
| TOTAL | | TOTAL |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** = |
| Independent | * | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| SMALL ENTITY | OR | OTHER THAN SMALL ENTITY |
|------------------|----------------|-------------------------|
| RATE | ADDITIONAL FEE | RATE |
| X \$ 25 = | | X \$ 50 = |
| X \$ 100 = | | X \$ 200 = |
| + \$ 180 = | | + \$ 360 = |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE |

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** = |
| Independent | * | Minus | *** = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
|------------------|----------------|------------------|----------------|
| X \$ 25 = | | X \$ 50 = | |
| X \$ 100 = | | X \$ 200 = | |
| + \$ 180 = | | + \$ 360 = | |
| TOTAL ADDIT. FEE | | TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | | | | | | | | | |
|--|-------------------|---|--------------|----------|---|---|---|---|---|---|---|
| 1 Date of Request: | 2 Serial/Patent # | 10/522162 | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| Filing | | 1 | 1/24/05 | \$ 100 | | | | | | | |
| Amendment | | | | \$ | | | | | | | |
| Extension of Time | | | | \$ | | | | | | | |
| Notice of Appeal/Appeal | | | | \$ | | | | | | | |
| Petition | | | | \$ | | | | | | | |
| Issue | | | | \$ | | | | | | | |
| Cert of Correction/Terminal Disc. | | | | \$ | | | | | | | |
| Maintenance | | | | \$ | | | | | | | |
| Assignment | | | | \$ | | | | | | | |
| Other | | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 100 | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| <input checked="" type="checkbox"/> Overpayment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | | 9 <table border="1"><tr><td>2</td><td>2</td><td>-</td><td>0</td><td>2</td><td>6</td><td>1</td></tr></table> | | | 2 | 2 | - | 0 | 2 | 6 | 1 |
| 2 | 2 | - | 0 | 2 | 6 | 1 | | | | | |
| No Fee Due (Explanation): | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: | | Johnson | | | | | | | | | |
| SIGNATURE: | | A Johnson | | | | | | | | | |
| OFFICE: | | PCT | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | | | | | | | | |
| APPROVED: | | DATE: | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B